

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lw</i>	<i>68904</i>	<i>11/1/00</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>11-14-00</i>
FORMALITY REVIEW		<i>60200</i>	<i>12-8</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	N		
3	✓		
4	N		
5	N		
6	N		
7	✓		
8	=		
9	-		
10	-		
11	✓	✓	
12	N		
13	N		
14	-		
15	-		
16	N		
17	N		
18	N		
19	✓		
20	✓		
21	N		
22	✓		
23	N		
24	-		
25	-		
26	N		
27	✓		
28	N		
29	✓		
30	-		
31	-		
32	✓		
33	N		
34	✓		
35	N		
36	✓		
37	-		
38	-		
39	✓		
40	N		
41	✓		
42	N		
43	✓		
44	-		
45	-		
46	✓		
47	N		
48	-		
49	-		
50	-		

Claim	Final	Original	Date
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Claim	Final	Original	Date
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Best Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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